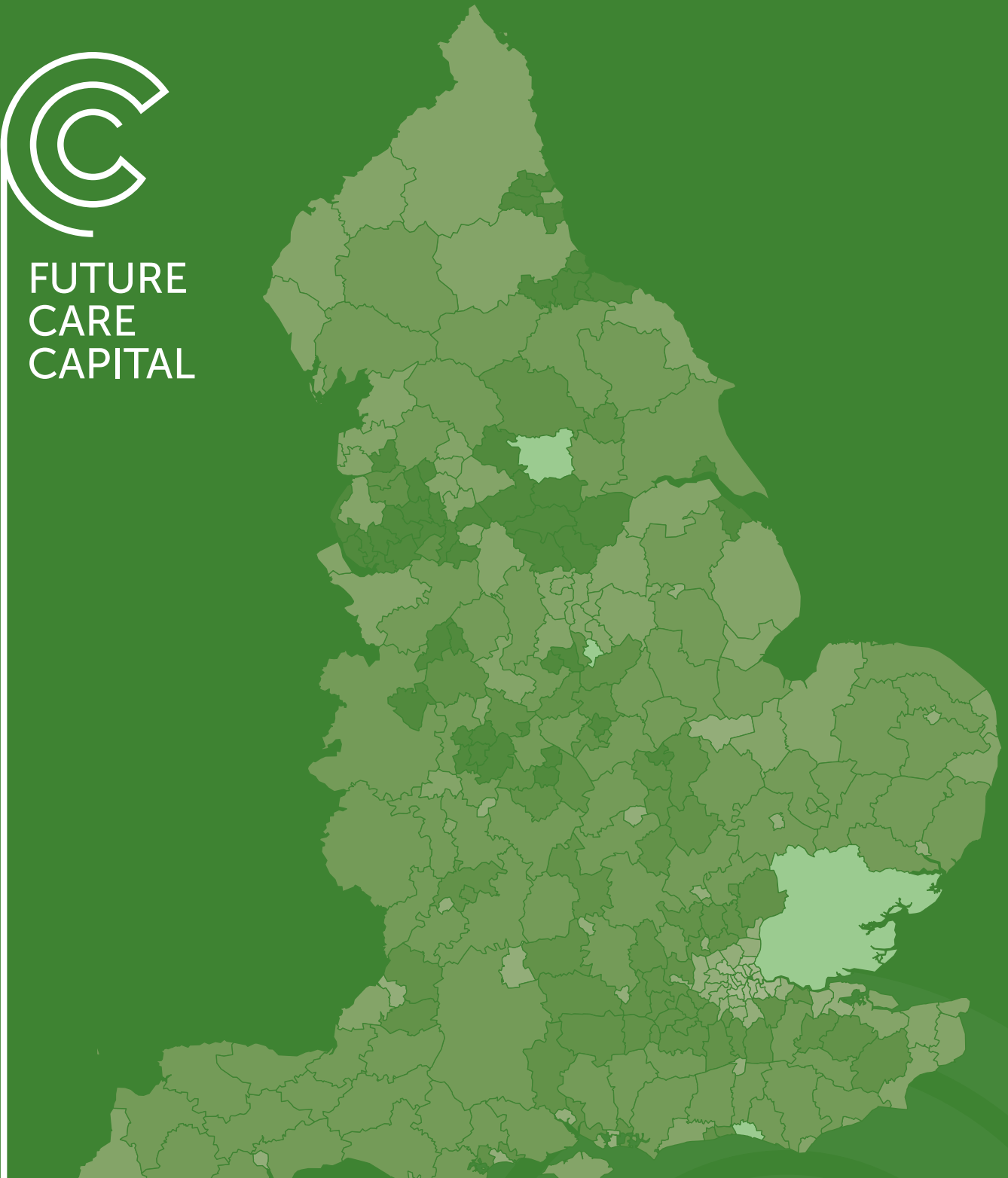




FUTURE
CARE
CAPITAL



EXECUTIVE SUMMARY

Facilitating Care Insight to Develop Caring Economies

Executive Summary

That our population is growing and ageing at a time of unprecedented technological transformation is well-known, but how we might reorient our individual lives, our communities and our economy to take advantage of the opportunities as well as tackle the challenges that flow from such demographic change is less clear. In 'The 100-Year Life: Living and Working in an Age of Longevity' (2016), Gratton and Scott flesh out some of the potential implications for individuals. The shift in mindset required is profound, and the same surely holds for our approach to community and economic development as well as public service design as we look to the future. Here, we take an in-depth look at the scope to utilise publicly available data to facilitate 'care insight' and better plan and shape the provision of care against this backdrop. Ultimately, our aim is to enable the development of 'caring economies' which better reflect our society's changing age profile, and we take the view that it requires a more nuanced appreciation of local 'care infrastructures', together with the differing risks and opportunities each implies, than is currently feasible.

Approach

Three research questions underpin the study:

1. What are the risks and opportunities for future care provision at a local level?
2. How are these risks and opportunities visible in existing data?
3. What are the challenges for effective planning and provision, and how are local areas coping with these challenges?

Defined broadly, the 'care system' is the network of formal and informal provision to support independent living and to provide for those who are either unable or no longer able to live independently. An understanding of the care system requires information on the complete ecosystem of provision. However, from an assessment of the available data and discussions with stakeholders, our research highlights how incomplete the picture of this ecosystem is. Consequently, much of the analysis considers provision for people who are unable to live independently and 'known' to service commissioners and paid providers. The research discusses the implications for decision-makers of only parts of the care ecosystem being visible. It focuses for the most part on older people although it does also acknowledge the challenges of working-age adults and, in particular, those with learning disabilities.

Our approach combined quantitative and qualitative analysis to answer our three research questions. The quantitative analysis we undertook considered publicly available data and what those data might reveal about the characteristics of different areas in England. It provides a data-driven assessment of how local areas differ and what this might suggest about their ability to deliver care relative to one another in the future. The qualitative analysis we undertook consisted of interviews with representatives from four local authorities to:

1. Test our findings from the quantitative analysis;
2. explore and explain local circumstances that may not be easily identifiable in the quantitative analysis;
3. discuss whether and how data, and data gaps, affect local decision-makers' ability to carry out effective planning and provision; and
4. better understand local strengths and challenges, and what this means for new models of care and preventative measures.

The four local authorities we engaged with in-depth were: Brighton and Hove City Council, Essex County Council, Leeds City Council and Nottingham City Council.

Key Findings

1. National social care policy-making needs to acknowledge local differences:

local areas are underpinned by different 'care infrastructures' and therefore differ across a range of characteristics which impact care risk profiles in different ways and to differing extents. Future funding mechanisms/formulae and new delivery models need to reflect the relative strengths and weaknesses of different areas – there are clear limitations to one-size-fits-all approaches to adult social care.

2. Prevention, healthy ageing and independent living are vitally important:

councils' principal and overarching obligation in this field is to promote and prolong individuals' independence and wellbeing for as long as possible. Prevention, healthy ageing and independent living are vital to achieving this and are also a critical long-term route to financial savings and sustainability.

3. National data reflect an increasingly outdated or 'old-fashioned' concept of social care provision:

existing ('monitoring') data are unhelpful when considering how to do things differently. For person-centred care to be effective, councils need a much better understanding of when and how people interact with the wider care ecosystem. The data needs are very different between the traditional service-oriented model of care and the modern person-centred, ecosystem-wide model. The value of the Short and Long Term Support (SALT) return and other data collection risks waning over time. Headline measures also tend to be weighted more towards the 'too late' part of the system.

4. New models of care require more granular data and the resources to analyse it:

our population is growing and ageing but a deeper understanding of demographic change is necessary to understand trends in care over time that go beyond rudimentary projections of population size. In particular, a deeper appreciation of individual circumstances and motivations, the changing incidence of health conditions in different places, and movements of people in different age cohorts between areas would be advantageous. Moreover, disparities are often masked in aggregate/average figures – there is often a need to understand an area at an even more local level than national data sets render feasible at present.

5. There are critical gaps in publicly available data about the care ecosystem which continue to hamper planning as well as provision:

information about unpaid care remains sparse, for example, but there is some evidence to suggest that provision is increasing and favouring more intensive care; this may put financial pressure on households in the short-term as well as reduce households' ability to accumulate savings and thus financial insurance to cover their future care costs. At the same time, there is a need to better understand those who have not (yet) drawn directly on council services. This concerns both people who do not have a current need for such services (but may benefit from information, assistance or advice to stay that way), and especially self-funders who have a need but may interact with organisations other than the council. Existing data collection favours aspects of the system that directly involve the public sector – although it is important not to over-burden others unduly with data collection.

6. Appraisal as a capability is of critical importance to effective care planning for the future:

an area's demand profile in respect of care should be seen as something that can be reshaped through effective prevention and earlier intervention. However, the anticipated impact of such measures is challenging to model, and budgetary constraints therefore tend to result in short-termism at present. Lack of funding was also cited as a reason why intelligence and analytics were not better developed.

7. State-funded adult social care services are but one element of a wider 'care ecosystem' - the range of Government departments need to recognise the impact that their policies and investment decisions have upon local care infrastructures:

where central and local government talk of national planning policy and local plans to deliver the housing stock we need, for example, they must take steps to ensure that new communities are designed for age and mobility as well as bring about 'generational balance'; examine what policy levers they might introduce to expedite material adaptations to homes and communities that are designed to facilitate independent living; and contemplate the workforce implications for health and care provision where (and in the form) it will be needed. Where Ministers enthuse about 5G pilots, driverless cars and 'smart cities', public funds deployed to stimulate related innovations should read-across to planning and developing the digital, transport and future safeguarding infrastructure upon which new models of health and care might rely. Where the UK's Industrial Strategy acknowledges the need to improve upon regional economic disparities, the Government needs to better understand the impact of different care infrastructures for local economic development prospects – for example, the extent to which labour market participation and sub-regional productivity may be impacted by a growth in unpaid care.

8. Local authorities in some areas are building partnerships with universities to explore the potential for new technologies and data science techniques to support the evolution of next generation public services – including Artificial Intelligence – but, for now, getting the basics right remains the priority. Additional funding is needed to prevent adult social care from falling behind health in this important respect.

Conclusion

We explored the scope to utilise available data to facilitate care insight and better plan and shape the provision of care at a local level. Our research found that existing national-level monitoring indicators are not keeping pace with the way in which local areas understand and wish to manage state-funded care provision. Whilst our case studies point toward the potential for significant improvements in data-driven care planning to result from the integration of health and care at the local level, they also make plain the inadequacies of existing data sets, if the aim is to move from a service-based model of care to one that is truly person-centred and responsive to individual needs and aspirations.

Our research suggests that local authorities are incentivised to prioritise monitoring whilst under-resourced to undertake fundamental research and analysis that might otherwise result in improved 'business intelligence' about the populations they serve. However, of critical importance to effective care planning for the future is appraisal as a capability, and the data and evidence required places a heavy need on understanding the fundamentals of the wider health and care ecosystem if public bodies are to intervene to best effect. This is currently regarded as an important gap that is liable to impact the introduction of new models of care and will only be partially overcome through integration of health and care at the local level.

Finally, our analysis points to the limitations of an approach to policy-making at a national level which, at present, fails to recognise that local areas are underpinned by distinctive 'care infrastructures'. To that end, our overall findings point towards the wider implications of our growing and ageing population for both infrastructure planning and economic development. If the aim is to help bring about a step-change in prevention, healthy ageing and independent living, the wider public sector needs to invest in understanding, planning and developing caring economies as distinct from health and adult social care services, and the range of Government departments should support the same.

Recommendations

Like developed economies right around the world, our population is growing and ageing, but where and how demographic changes are taking place are critically important. Local differences will result in a range of risks and opportunities for the public and private sectors as well as civil society over the years ahead but, in particular, public bodies need to plan ahead and contemplate mitigation strategies, then, proactively invest in measures that reflect the strengths and weaknesses of local 'care infrastructures'.

We explored the scope to utilise available data to evolve public policy and better plan and shape the provision of care at a local level - the recommendations which flow from our key findings are as follows:

- The Government should publish an impact assessment with its forthcoming adult social care green paper detailing the implications of any proposals to raise new funds for adult social care and/or alter local government funding formulae for different parts of the country - both in the interests of transparency and to better support social care commissioners and providers to plan ahead.
- The Government should explore, as a matter of urgency, how it might incentivise investment by the public and private sectors but, also, communities and individuals in a range of measures, products and services designed to facilitate prevention, healthy ageing and independent living.

- The Government should support commissioners, providers and innovators to solicit a much better understanding of when and how individuals interact with the wider care ecosystem than is currently possible using the traditional data collection methods from which standard 'monitoring' data is derived.
- The Government should invest in a new national data analytic capability to improve care insight for commissioners, providers and business and, thereby, support the appraisal as well as product/service design activities needed to expedite the introduction of new care models.
- The ONS should improve upon the data it collects, curates and publishes where it impacts upon care insight to better enable others to plan and develop caring economies; in particular, it should ensure that changes to the census result in improvements to data about unpaid carers and internal migration amongst different age cohorts.
- The CQC should require and provide access to improved data concerning self-funders - whether they are in receipt of domiciliary or residential care services - to better facilitate care insight for commissioners, providers and business.
- The range of Government departments should be required to publish details of the ways in which their policies and investment decisions align with and/or contribute to the development of caring economies to ensure that they are designed to positively impact local care infrastructures.
- The Government and pertinent funding councils should invest in partnerships between councils, universities and business to explore the potential for new technologies and data science techniques – including machine learning and artificial intelligence - to support the evolution of next generation care services and insight.



Further Information

For further details about us, our mission and values, the Board of Trustees and the Executive Team please visit our website or follow us on twitter.

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